



Fire Island National Seashore  
National Park Service  
U.S. Department of the Interior

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## Application for Oversand Vehicle Permit (Online Version)

To apply for an Oversand Vehicle Permit, print and complete the attached application, carefully following the guidelines supplied on the web page.

Checks should be made payable to:  
National Park Service

Completed application should be mailed to:

Fire Island National Seashore  
120 Laurel Street  
Patchogue, New York 11772-3596

Note: Forms that have been faxed or e-mailed will not be accepted for consideration.

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(rev. 03/1999)

**NATIONAL PARK SERVICE**  
**Fire Island National Seashore**  
**120 Laurel Street, Patchogue, NY 11772-3596**

Please Check

Please Check

Renewal ( )

**APPLICATION FOR OVERSAND VEHICLE PERMIT**

Resident ( )

New Applicant ( )

Service ( )

APPLICANT'S NAME \_\_\_\_\_  
 APPLICANT'S YEAR-ROUND ADDRESS: \_\_\_\_\_  
 TOWN/STATE/ZIP CODE: \_\_\_\_\_  
 TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

MAKE OF VEHICLE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_  
 YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT & SIZE \_\_\_\_\_ 4WD Y/N \_\_\_\_\_

Please justify fully your request for operating privileges on Fire Island. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (continue on reverse)

**ALL APPLICABLE QUESTIONS MUST BE ANSWERED OTHERWISE APPLICATION WILL BE RETURNED.**

**RESIDENT**

1. I own / I, rent / I\*, the house I use.  
 \*Provide a copy of rental agreement.
2. Give name of community \_\_\_\_\_  
 address of property \_\_\_\_\_.
3. Are these quarters your sole  
 (12 mos/yr) year-round domicile? \_\_\_\_\_

**SERVICE**

4. What service(s) do you provide? Check applicable box(es).  
 / / Bottle Gas                      / / Builder/Contractor  
 / / Sanitation                      / / Plumbing/Heating  
 / / Electrician                      / / Other \_\_\_\_\_
5. Business License# \_\_\_\_\_
6. Which community(s) do you plan to work in? (be specific).  
 \_\_\_\_\_

7. Entering Fire Island by way of: / / Robert Moses / / Smith Point

Permits granted under this application will be in accordance with current regulations and Guidelines.

**PLEASE DO NOT SUBMIT THIS APPLICATION UNTIL THE APPLICABLE TOWN AND/OR COMMUNITY PERMITS HAVE BEEN APPLIED FOR!**

**Town Permits****Community Permits**

Islip # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Brookhaven # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Ocean Beach # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Saltaire # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND UNDERSTAND THAT THEY ARE SUBJECT TO VERIFICATION. FALSE STATEMENTS MADE HEREIN MAY SUBJECT THIS PERMIT TO REVOCATION AND/OR ASSESSMENT OF CRIMINAL PENALTIES OF NOT MORE THAN \$10,000 OR IMPRISONMENT OF NOT MORE THAN FIVE YEARS OR BOTH(SEE 62STAT. 698,749; 18 U.S.C. 287,1001).

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_